



Missouri Mental Health Task Force Witness Testimony Form

Lt. Governor Peter Kinder, Co-Chair
Dr. Ron Dittmore, Department of Mental Health Interim Director, Co-Chair

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-Mail Address: _____

Interest in Mental Health Reform (please check one):

☐ Parent ☐ Caregiver ☐ Guardian ☐ Employee
☐ Advocate ☐ Provider Agency ☐ Concerned Citizen ☐ Other _____

Date of Testimony: _____

Written Testimony: ☐ Yes ☐ No

If you wish to testify or submit comments at any of the public hearings, please contact the Department of Mental Health at 573-751-8091. You will also need to complete this form. You may complete this form in advance of your testimony or at the hearing. If you complete this form in advance, please bring it with you to the hearing.